



APPROVAL OF PLANNED ACTIVITIES	VERIFICATION OF COMPLETED ACTIVITIES
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(11) PROFESSIONAL GROWTH ACTIVITIES	(12) Goals Numbers	(13) Domain	(14) Category (two minimum)	(15) Date Activity Approved	(16) Adv's Initials	(17) Time Spent in Hours	(18) Advisor's Initials and Date

USE ADDITIONAL COPIES OF THIS FORM IF NECESSARY

(19) TOTAL HOURS SPENT \_\_\_\_\_

<div>(20)</div> <div><b>Certification of Initial Plan.</b> I certify that, to the best of my knowledge, the planned activities comply with state laws and regulations.</div> <div>_____ Advisor's Name (Print of Type)</div> <div>_____ Advisor's Signature</div> <div>_____ Date of Approval</div>	<div>(21)</div> <div><b>Verification by Credential Holder.</b> Under penalty of perjury, I certify that, to the best of my knowledge, the information on this form is accurate.</div> <div>_____ Credential Holder's Signature</div> <div>_____ Date of Verification</div>	<div>(22)</div> <div><b>Verification of Completion.</b> I certify that I have been this credential holder's advisor, and that, to the best of my knowledge, the above information is accurate.</div> <div>_____ Advisor's Name (Print or Type)</div> <div>_____ Advisor's Signature</div> <div>_____ Name of Employing Agency</div> <div>_____ Workday Telephone Number</div> <div>_____ Date of Verification</div>
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